Address to: MS: Patent Application Commissioner for Patents

PO Box 1450 Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

| Transmitted herewith for filing under 37 | CFR §1.53(b) is the utility patent application of |
|--|---|
|--|---|

Applicant (or identifier): RICHARD ET AL.

Title: METHOD OF AND KIT FOR MITIGATING CRADLE CAP

## Enclosed are:

| 1.<br>2.<br>3.<br>4.<br>5. |             | Specification (Including Claims and Abstract) - 13 pages Drawings - sheets Executed Declaration and Power of Attorney (original or copy) Microfiche Computer Program (appendix) Nucleotide and/or Amino Acid Sequence Submission  Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies |
|----------------------------|-------------|--|
| 6                          |             | Preliminary Amendment  |
| 6.<br>7.                   | H           | Assignment Papers (Cover Sheet & Document(s))  |
| 8.                         | Ħ           | English Translation of   |
| 9.                         | Ħ           | Information Disclosure Statement   |
| 10.                        |             | Certified Copy of Priority Document(s)   |
| 11.                        | $\boxtimes$ | Return Receipt Postcard  |
| 12.                        | $\boxtimes$ | Other: Unexecuted Declaration,   |
|                            |             | Application Data Sheet   |

## Filing fee calculation:

| П | Before calculating the filing fee, please enter the enclosed Preliminary Amendment. |  |
|---|---|--|
| H | Before calculating the filing fee, please cancel claims .                           |  |

| D : 500         |                   |                 |             |                 |          |     | -      |     | \$ | 750 |
|-----------------|-------------------|-----------------|-------------|-----------------|----------|-----|--------|-----|----|-----|
| Basic Fili      | ng ree            | (0.000)         |             |                 |          |     |        |     | \$ |     |
| Multiple [      | Dependent Claim F | ee (\$ 280)_    |             |                 |          |     |        |     | 4  |     |
| Foreign L       | anguage Surcharg  | e (\$ 900)      |             |                 |          | ,   |        |     | Φ_ |     |
| 1 Groigir =     | For               | Number<br>Filed |             | Number<br>Extra |          |     | Rate   |     |    |     |
|                 |                   | 1 1100          | <del></del> |                 |          | _   | 40     |     | 4  |     |
| Extra<br>Claims | Total Claims      | 16              | -20         | , 0             | X        | \$  | 18     | =   | \$ |     |
| Olamo           | Independent       | 2               | -3          | 0               | ×        | \$  | 84     | =   | \$ |     |
|                 | Claims            |                 |             |                 | <u> </u> | L   |        |     |    |     |
|                 |                   |                 |             |                 | TC       | TAL | FILING | FEE | \$ | 750 |
| l .             |                   |                 |             |                 |          |     |        |     |    |     |

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be

required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie

**Novartis** 

Corporate Intellectual Property

One Health Plaza, Building 430

East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (973) 781-8064.

Respectfully submitted,

John W. Kup

Attorney for Applicants Reg. No. 44,199

Tel. No. (862) 778-7877